

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

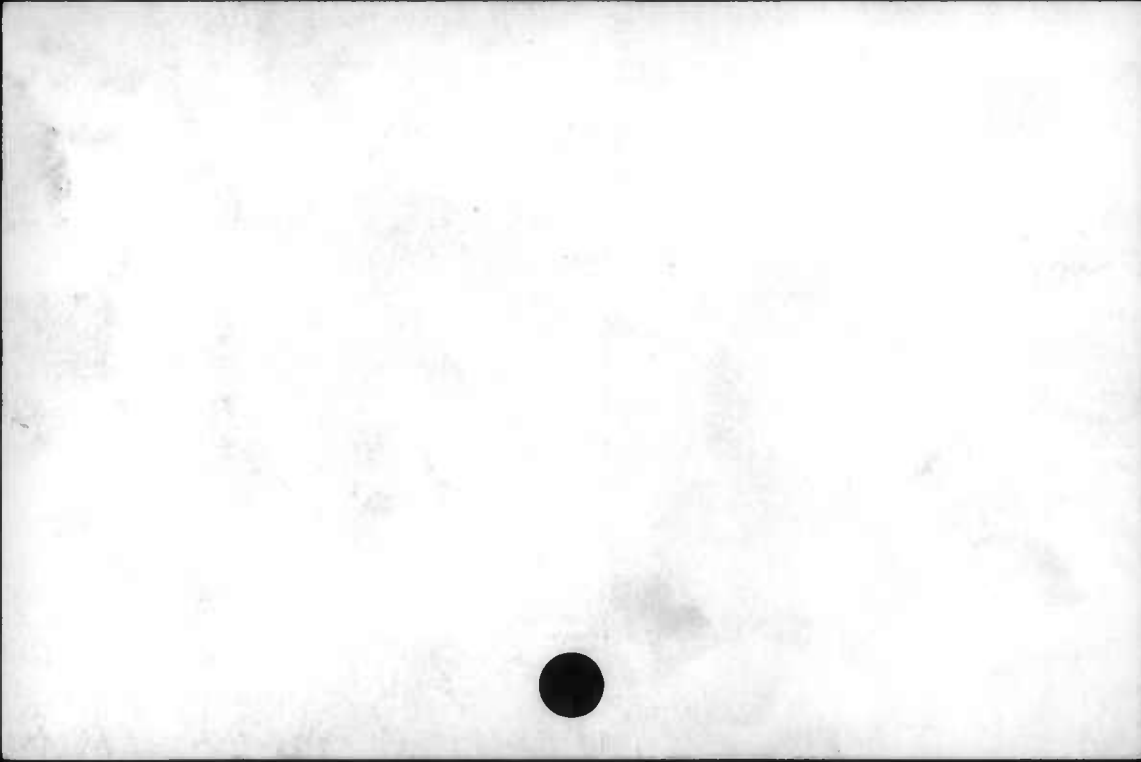
Name *James A Garfield Bailey*
Died at *Wt* *Frederick* *Somerset*
Date of death *1909* *July* *15th* Age *—* Months *72* Days
Sex *Male* Color or Race *Colored* Birth place *Somerset Co*
Occupation *—* Where Residing if not at place of death
Married, Single or Widowed *Single* Name of Wife or Husband
Father's Name *George W Bailey* Father's Birthplace *Somerset Co*
Mother's Maiden Name *Mary Hall* Mother's Birthplace *Somerset Co*
Name of person giving Information *Geo W Bailey* How related to deceased *Son*

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary *Scratch from fire* How long
Immediate *Intake* How long *36 hours*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. A. Barnes M.D.*
Address *Frederick Md*
R.F.D. #2
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Leziyah Bozman</i>		Town <i>Deals Island</i>		County <i>Somerset</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>16</i>		Year <i>1907</i>	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>16</i>		Age <i>75</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Deals Island</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Thomas Bozman</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Hicks Bozman</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

Primary	<i>Thermic Fever (Florida type)</i>	How long	<i>36 hrs</i>
Immediate	<i>Apoplexy</i>	How long	<i>30 min.</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>W. G. Alexander</i>	
Filed by <i>Undertaker</i>		Address <i>Somerset Co.</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
FullNo Name *Birmingham*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Marion* Town *Marion* County *Marion* **MARYLAND**

Date of death 190*9* Month *July* Day *28* Age *—* Years *—* Months *2* Days *—*

Sex *Male* Color or Race *Black* Birthplace *Marion*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Carl Birmingham* Father's Birthplace *Laurens*

Mother's Maiden Name *Bridget Boyer* Mother's Birthplace *Marion*

Name of person giving Information *Frank Gale* How related to deceased *None*

CAUSES OF DEATH

Primary *Throat Trouble* How long *101* X

Immediate *Weakness* How long *9*

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

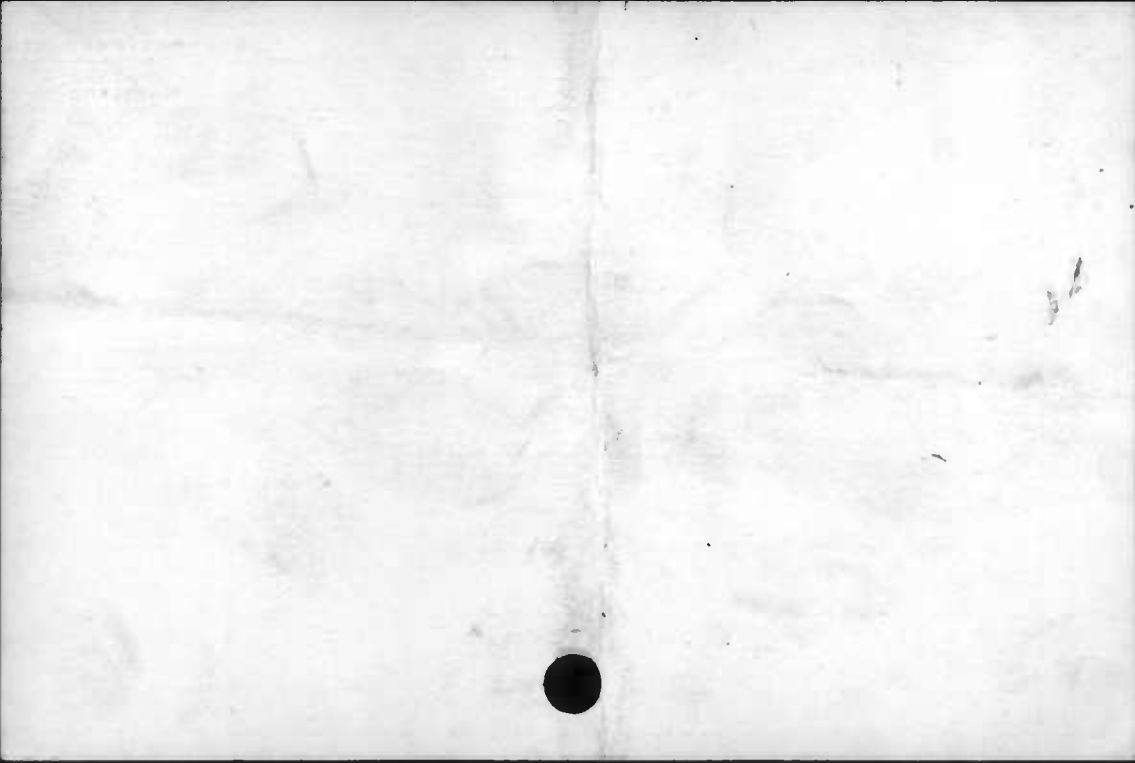
Signature of Physician

None

Address

Frank Gale
E. A. Lankford

Accident or Suicide



Name
in
Full

Luilla Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cusfield Town Somerset County MARYLAND
Date of death 1909 July Month 14 Day 1 Years 2 Months 2 Days
Sex Female Color or Race Black Birth-place Cusfield
Occupation — Where Residing if not at place of death —

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Arthur Brown

Father's Birthplace

Cusfield

Mother's Maiden Name

Jessy Handy

Mother's Birthplace

Cusfield

Name of person giving Information

Frederic Brown

How related to deceased

Wife

CAUSES OF DEATH

Primary

Indigestion

How long

105

X

Immediate

Alcohol

How long

3 weeks

4 days

Are the name, age, sex, color, date and place correctly given above?

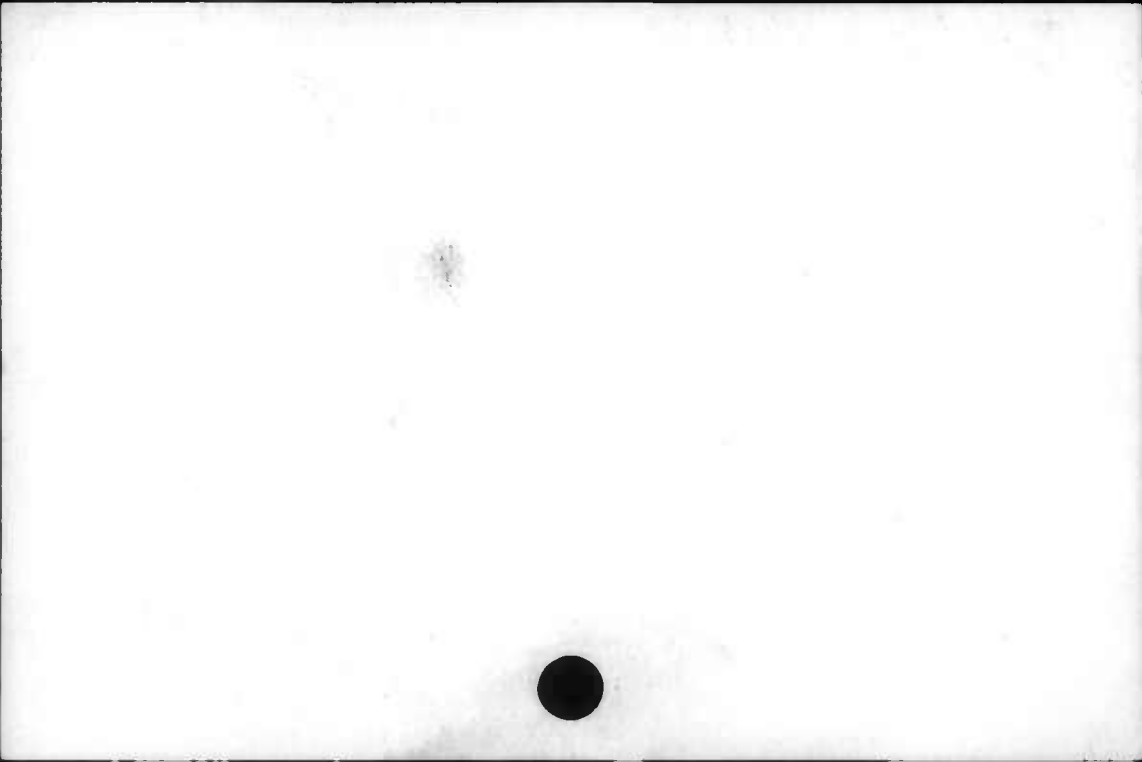
Signature of Physician

Address

C. E. Calcutt
Cusfield
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

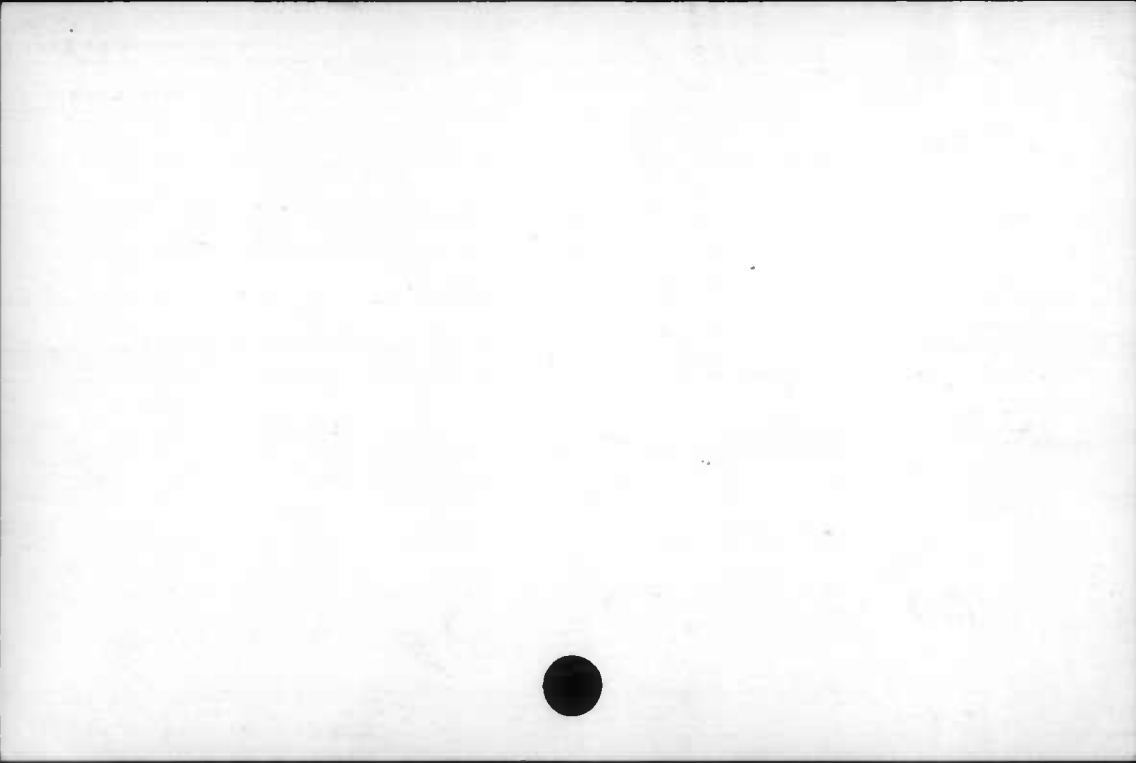
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Chelton</i>		Town <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>1</i>		Years <i>1</i>	
Date of death <i>1909</i>		Month <i>July</i>		Age <i>1</i>		Months <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Crisfield</i>		Days <i>0</i>	
Occupation <i>None</i>				Where Residing if not at place of death <i>Crisfield</i>			
Married , Single or Widowed				Name of Wife or Husband			
Father's Name <i>John Chelton</i>				Father's Birthplace <i>Somerset Co</i>			
Mother's Maiden Name <i>Saffie Howard</i>				Mother's Birthplace <i>Talbot Co</i>			
Name of person giving Information <i>J. S. Lawton</i>				How related to deceased <i>nephew</i>			

PHYSICIAN
OR CORONER

CAUSES OF DEATH		(90) X	
Primary <i>Bronchitis</i>	How long <i>one week</i>		
Immediate "	How long "		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>J. S. Somers</i>	
	<i>No</i>	Address <i>Crisfield Md</i>	
Accident or Suicide			



Name
in
Full

Robert Lee Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Kingston Va* *Annand Co* **MARYLAND**
 Date of death *1909* *July* *29* *1* *1*
 Sex *Male* Color or Race *White* Birth-place *Annand Co*
 Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*
 Father's Name *Geo Collins* Father's Birthplace *Annand Co*
 Mother's Maiden Name *Lucie Povee* Mother's Birthplace *Annand Co*
 Name of person giving Information *Geo Collins* How related to deceased *father*

CAUSES OF DEATH

Primary *Marasmus* *179* *1 month*
 Immediate *Exhaustion* *-*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. Peetace
Premier City, Va

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Mason</i>		County <i>Somerset</i>		MARYLAND	
Date of death		Month <i>9</i>	Day <i>7</i>	Years <i>5-5-</i>	Months <i>don't know</i>	Days <i>don't know</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Somerset Co</i>			
Occupation <i>Barber</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Bona Curtis</i>					
Father's Name <i>Henry Curtis</i>		Father's Birthplace <i>Somerset Co</i>					
Mother's Maiden Name <i>Susan Curtis</i>		Mother's Birthplace <i>Somerset Co</i>					
Name of person giving Information <i>A. L. Dutton</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>don't know</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. J. A. B. Allen</i>	
		Address <i>Somerset</i>	
Accident or Suicide			



Name
in
Full

Virginia Lee Fisher

CERTIFICATE OF DEATH

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NEAREST FRIEND

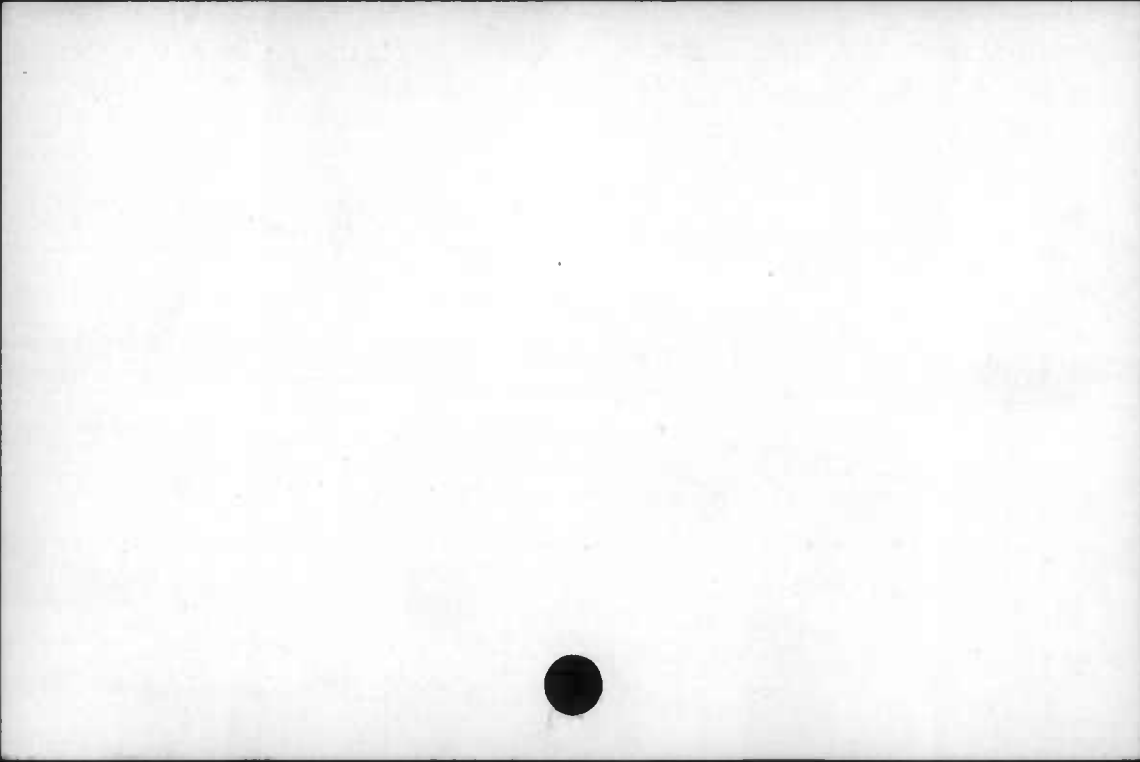
Died at		Town		County		MARYLAND	
Near Pocomoke City		Somerset Co					
Date of death	1909	Month	July	Day	3	Age	1
Sex	Female	Color or Race	White	Birth-place	Somerset Co Md		
Occupation	Infant			Where Residing if not at place of death	at place of death		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Samuel Fisher			Father's Birthplace	Accomack Va		
Mother's Maiden Name	Lydia Merrill			Mother's Birthplace	Somerset Co Md		
Name of person giving Information	William Merrill			How related to deceased	Grandfather		

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	Unknown	How long	2 days
Immediate	Cerebral Meningitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	
		Address	Grace T Coosten Pocomoke Md
Accident or Suicide?			



Name
in
Full

Edwin Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Danvers* Town *Somerset* County

MARYLAND

Date of death 1909 *July* Month *13th* Day Age *21* Years Months DaysSex *Male* Color or Race *White* Birth-place *Som. Co.*Married, Single or Widowed *Single* Occupation *Merchant*Name of Wife or Husband *—*Father's Name *Edwin Ford* Father's Birthplace *Som. Co.*Mother's Maiden Name *Angie Ford* Mother's Birthplace *Som. Co.*Name of person giving Information *Edwin Ford* How related to deceased *Father*

CAUSES OF DEATH

143 X

Primary *Carburede* How long *2 weeks*Immediate *Septic* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *D. W. Winkler*Address *Danvers*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Russel G. Gibbons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Dublin District Somerset County Somerset MARYLAND

Date of death 1909 Month July Day 24 Age 16 Months Days

Sex male Color or Race white Birth-place Md.

Occupation Farmer Where Residing if not at place of death ✓

Married, Single or Widowed Single Name of Wife or Husband ✓

Father's Name James T. Gibbons Father's Birthplace Somerset Md.

Mother's Maiden Name Mary Ball Mother's Birthplace Accomack

Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid fever How long 21 days

Immediate Intestinal hemorrhage How long 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician G. W. Wilber Address Trinmouth City

Accident or Suicide ✓



Name in Full *Ephraim Hayman* Town *Mt Vernon* County *Somerset* CERTIFICATE OF DEATH

MARYLAND

Died at *Mt Vernon* Month *July* Day *29* Age *39* Years Months Days

Date of death *1909* Sex *Male* Color or Race *Colored* Birth-place *Somerset Co.*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Nancy Hayman*

Father's Name *George Hayman* Father's Birthplace *Somerset Co.*

Mother's Maiden Name *Edna (Unknown)* Mother's Birthplace *Somerset Co.*

Name of person giving Information *Ephraim Hayman* How related to deceased *Nephew*

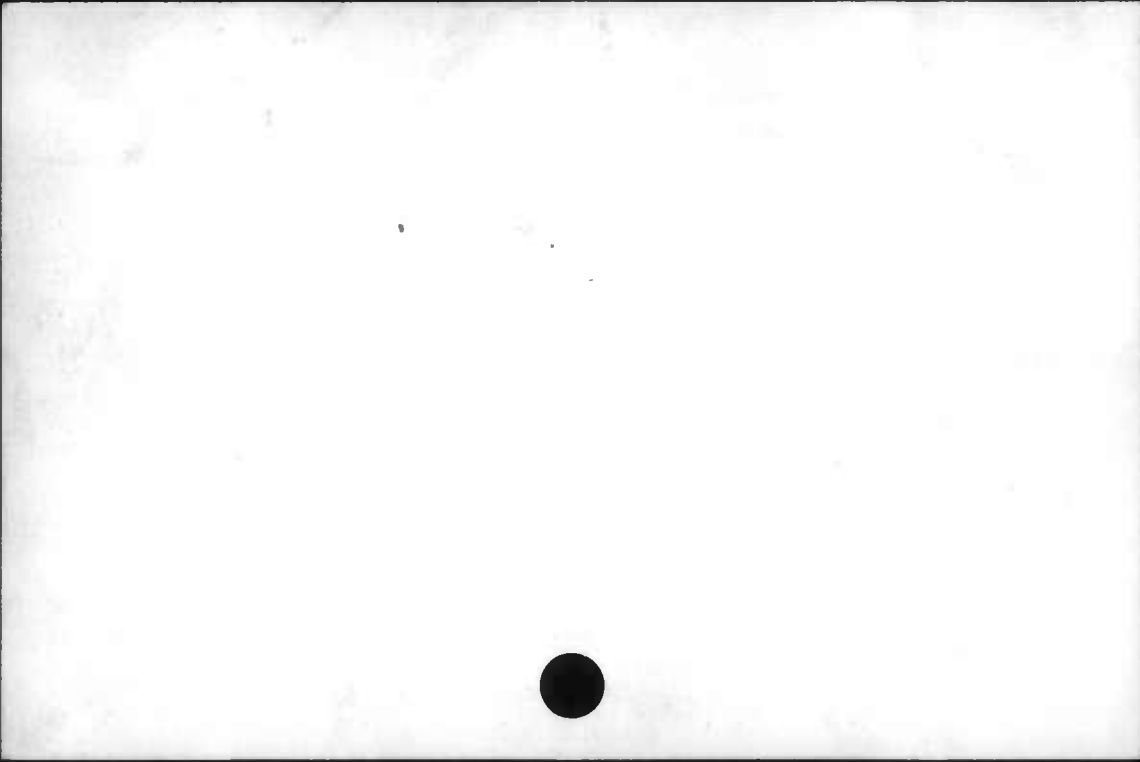
CAUSES OF DEATH

Primary *Typhoid, Texas* How long *21 days*
 Immediate *Intestinal hemorrhage* How long *18 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. B. Barnes M.D.*

Address *Grinnell Avenue
 R.F.D. No. 7.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

No NAME
Town
CrusfieldHeadley
County
Somerset

MARYLAND

Date

of death

1909

Month

July

Day

10

Age

Years

—

Months

—

Days

25

Sex

Female

Color or
Race

White

Birth-
place

—

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Ferdinand C Headley

Father's
Birthplace

Va

Mother's
Meiden Name

Aunnie Swift

Mother's
Birthplace

Md

Name of person giving
InformationHow related
to deceased

Father

CAUSES OF DEATH

Primary

Cleft Palate

How long

—

Immediate

Inanition

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

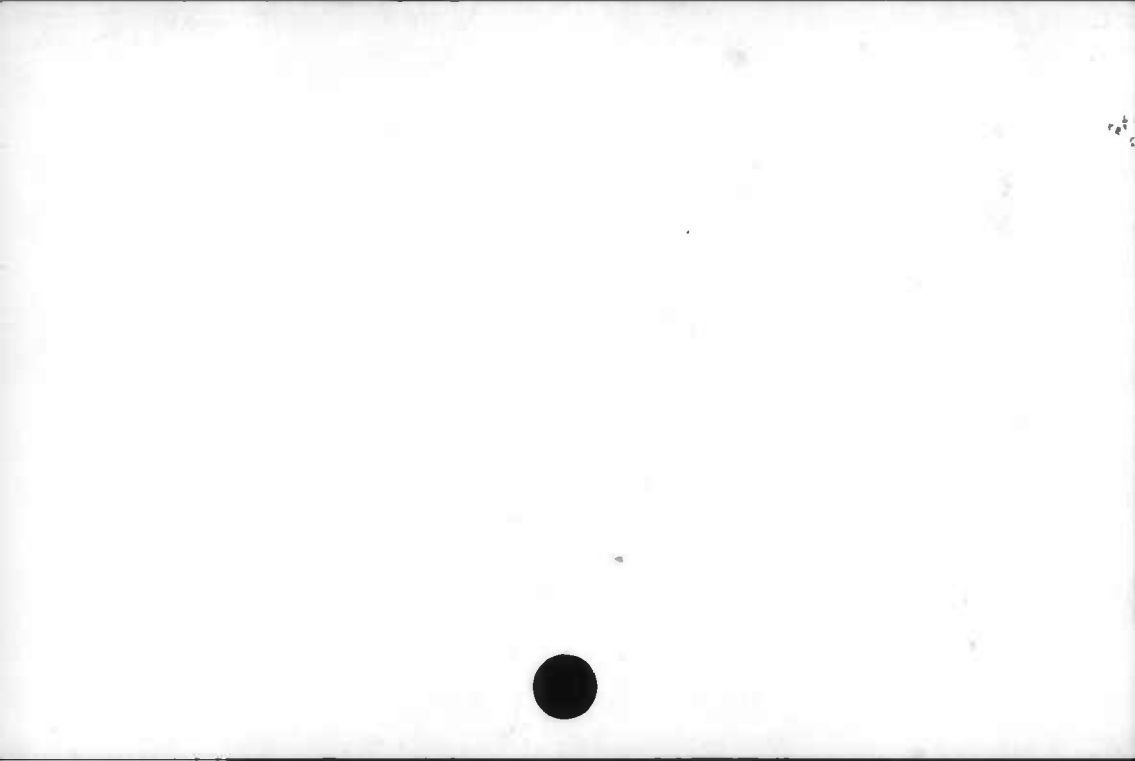
Address

H F Huel
Crusfield Md

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

Mary W. Halland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

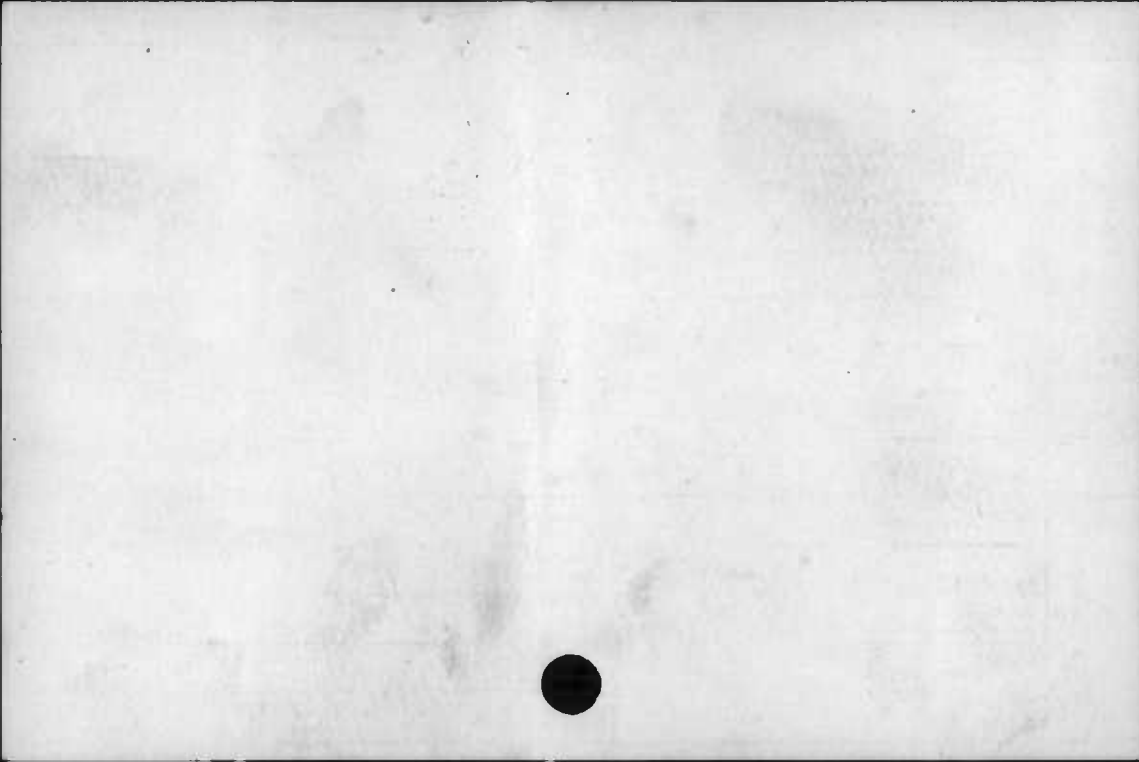
Died at <u>Landville</u> ^{Town}		<u>Sumner</u> ^{County}		MARYLAND	
Date of death <u>1909 July</u> ^{Month}		<u>11</u> ^{Day}	Age <u>77</u> ^{Years}	<u>6</u> ^{Months}	<u>19</u> ^{Days}
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maine</u>	
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>at home</u>		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Wm T Halland</u>			
Father's Name <u>W. V. Caswell</u>			Father's Birthplace <u>Sumner Co</u>		
Mother's Maiden Name <u>Mary Chittus</u>			Mother's Birthplace <u>Sumner Co</u>		
Name of person giving information <u>T. J. Halland</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary <u>Heart failure</u>	How long <u>Immediate</u>
Immediate <u>yes</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. S. White</u>
	Address <u>Maine</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mahon Hopkins
 Died at *Orion* Town *Somerset* County
 Date of death 1909 *July* Month *19* Day Age *8* Years Months Days
 Sex *Female* Color or Race *White* Birth-place *MD*
 Occupation _____ Where Residing if not at place of death *Same*

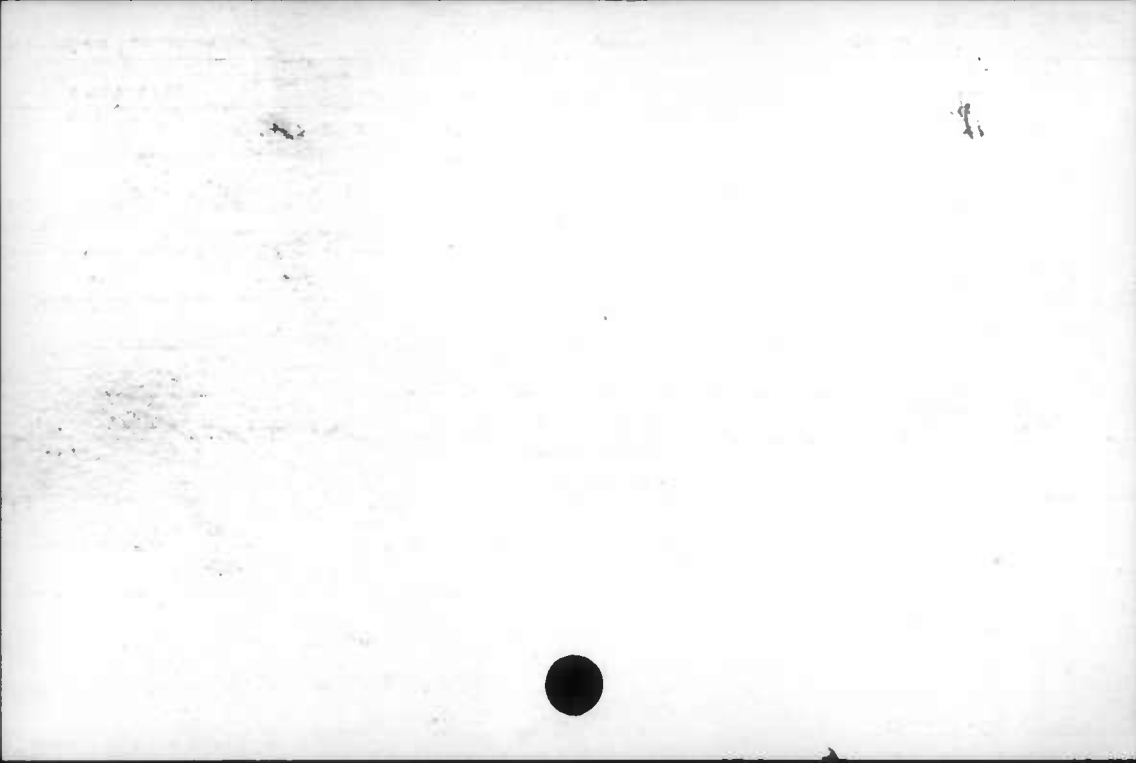
Married, Single or Widowed *Single* Name of Wife or Husband ☒
 Father's Name *Henry Hopkins* Father's Birthplace *MD*
 Mother's Maiden Name *Aranda Smith* Mother's Birthplace *MD*
 Name of person giving Information *Henry Hopkins* How related to deceased *Father*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *Margamus* How long *5 weeks*
 Immediate *Exhaustion* How long *3 days*
 Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *Pete Knight*
 Address *Orion*
 Accident or Suicide



Name
in
Full

Thomnie Everett Horner

CERTIFICATE OF DEATH

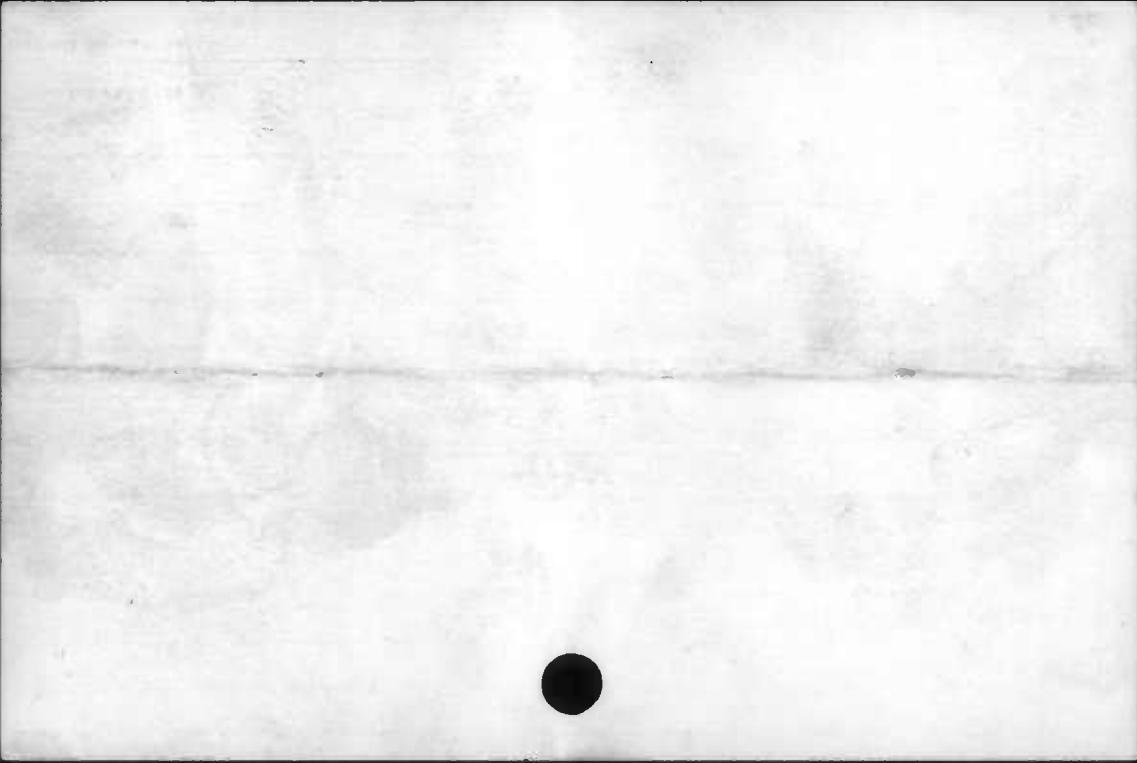
TO BE ANSWERED BY
NEAREST FRIEND

Died at Wt. Junction Town Somerset County MARYLAND
Date of death 1909 Month July Day 7 Age 21 Years Months Days
Sex Male Color or Race White Birth-place Somerset Co
Occupation Waterman Where Residing if not at place of death —
Married, Single or Widowed Single Name of Wife or Husband —
Father's Name Libbie Horner Father's Birthplace Somerset Co
Mother's Maiden Name Frankie Webster Mother's Birthplace Somerset Co
Name of person giving Information Thomnie Bloodworth How related to deceased Brother in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever How long 19 days
Immediate Perforation How long 30 hours
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. T. Barney M.D.
Address Princess Anne Md
Accident or Suicide R.F.D. No. 2.



Name
in
Full

Pollater Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Crisfield ^{Town} Somerset ^{County} **MARYLAND**

Date of death 1909 7 ^{Month} 6 ^{Day} Age 13 months ^{Years} 13 ^{Months} 13 ^{Days}

Sex Female Color or Race Black Birth-place Crisfield

Occupation — Where Reiding if not at place of daatp —

Married, Single or Widowed — Name of Wife or Huaband Maggie
Edmond C. Jones

Fathar's Neme Edmond C. Jones Father's Birthplace —

Mother's Maidan Nama Maggie Collins Mother's Birthplace Somerset Co

Name of parson giving Information Edmond Jones How related to deceased —

CAUSES OF DEATH

105

How long

Primary

Colitis

How long

2 weeks

Immediata

Inflammation

Are tha name, aga, aax, color, date and place correctly given above ?

yes

Signature of Physician

C. C. Mad

Address

Crisfield

Accident or Suicide —

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Vernon Justice* Town *Crisfield* County *Somerset*
Died at *Crisfield* Maryland
Date of death 190 *9* Month *July* Day *12* Age *1* Years *4* Months *4* Days
Sex *male* Color or Race *Black* Birth-place *Crisfield*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Infant* Name of Wife or Husband *—*
Father's Name *George Justice* Father's Birthplace *Va*
Mother's Maiden Name *Broughton* Mother's Birthplace *Md*
Name of person giving Information *George Justice* How related to deceased *Father*

CAUSES OF DEATH

Primary *Tuberculosis* How long *27*
Immediate *Spinal Infection* How long *3 months*
1 day

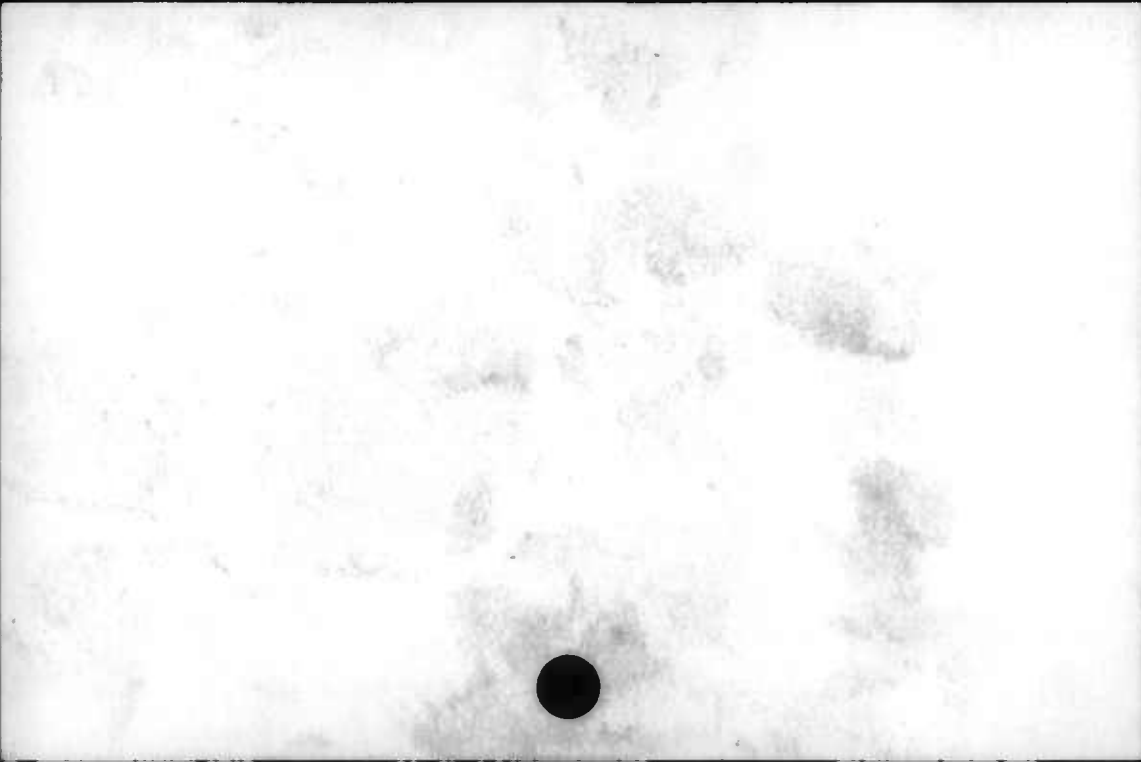
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Harry Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

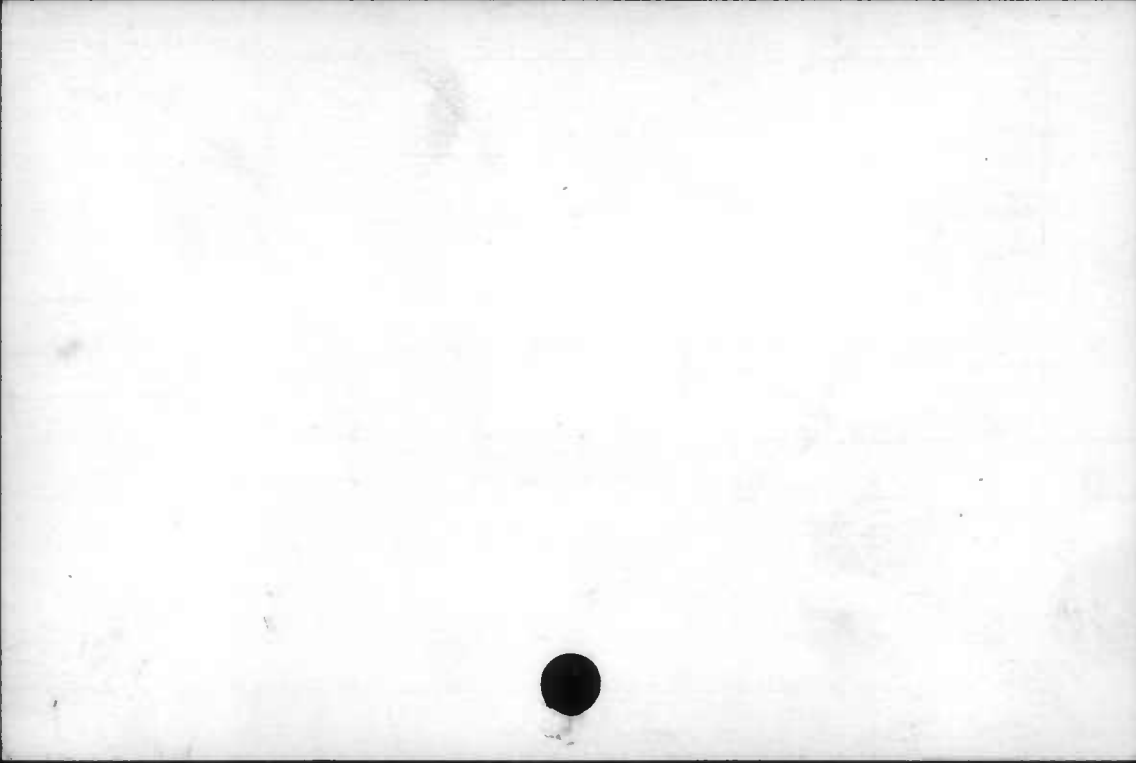
Died at Arivale ^{Town} Somerset ^{County}
 Date of death 1909 ^{Month} July ^{Day} 18 ^{Years} 21 ^{Months} — ^{Days} —
 Sex male Color or Race Blk Birth-place Orn Co
 Occupation Asterman Where Reaiding if not et place of death Same
 Married, Single or Widowed Single Name of Wife or Husband —
 Father's Name Wm Lane Father's Birthplace Ind
 Mother's Maiden Name Annie Jones Mother's Birthplace Ind
 Name of person giving Information Edw Jones How related to deceased Nucle

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary Intestinal Obstruction How long 6 hrs.
 Immediate Exhaustion How long 1 hr.
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician PCB Hoyt MD
 Address Orn Co Ind
 Accident or Suicide —



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Arthur W. Lankford* Town *Dublin Dist* County *Somerset Co* MARYLAND

Died at *Dublin Dist* Date of death 190 *9* Month *July* Day *12* Age *72* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Mar Salisbury*

Occupation *Farmer* Where Residing if not at place of death *Dublin Dist*

Married, Single or Widowed *Widower* Name of Wife or Husband *Elizabeth Morris*

Father's Name *Arthur Lankford* Father's Birthplace *Near Salisbury*

Mother's Maiden Name *Annella Burkhead* Mother's Birthplace *" "*

Name of person giving information *W B Lankford* How related to deceased *Son*

CAUSES OF DEATH

64

Primary *Coronary arterio Sclerosis* How long *2 years*

Immediate *Exhaustion* How long *a week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Samuel S. Cunningham
Parsonage City Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Crisfield* ^{County} *Somerset*Date of death 1909 ^{Month} *July* ^{Day} *24* ^{Years} *14* ^{Months} *2* ^{Days} *1*Sex *Male* Color or Race *White* Birthplace *Crisfield, Md*Occupation *Crabber* Where Residing if not at place of death *Crisfield, Md*Married, Single or Widowed *Single* Name of Wife or Husband *none*Father's Name *John H. Lankford*Father's Birthplace *Md*Mother's Maiden Name *Emma Bedenwall*Mother's Birthplace *Md*Name of person giving information *Joe Lankford*How related to deceased *Father*

CAUSES OF DEATH

Primary *Typhoid**about 3 wks*Immediate *Typhoid*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *M. A. Coulbourn*Address *Crisfield, Md*Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

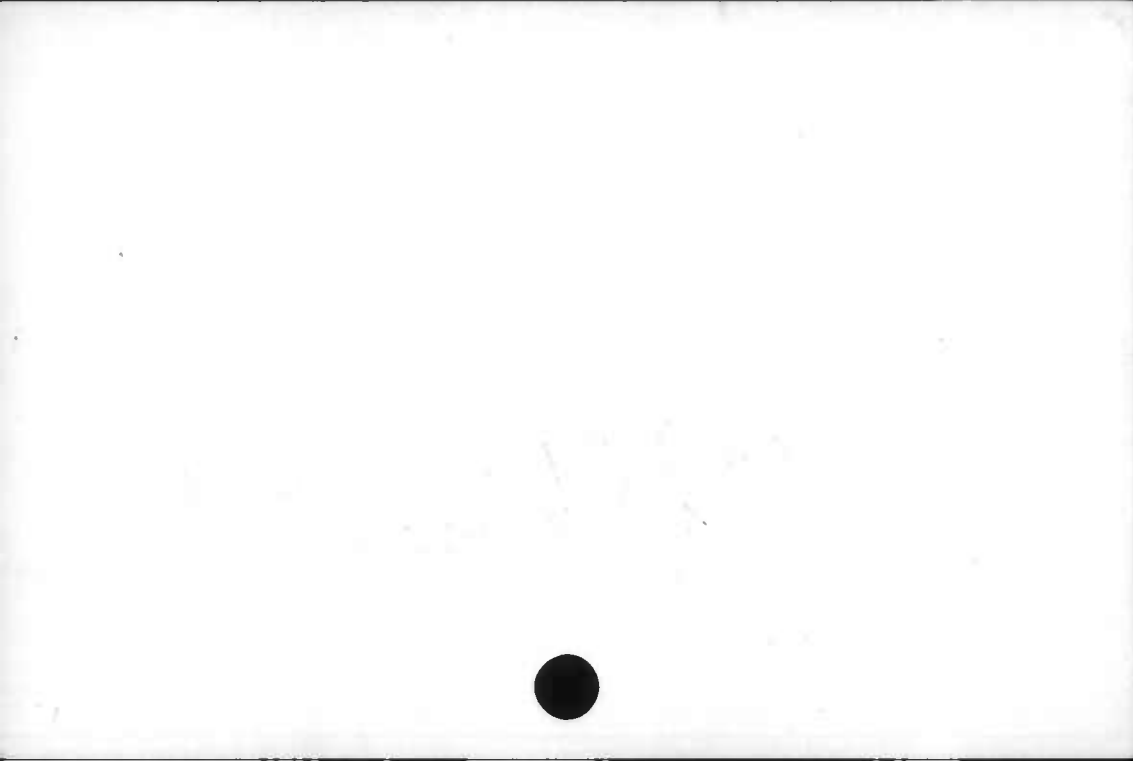
Name in Full <i>Ruby Lawson</i>		Town <i>Lawson</i>		County <i>Somerset</i>		State <i>MARYLAND</i>	
Died at <i>Lawson</i>		Month <i>7</i>		Day <i>20</i>		Years <i>24</i>	
Date of death <i>1909</i>		Age <i>24</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jessie Lawson</i>					
Father's Name <i>Wm E. Byrd</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Edith Know</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>G. J. Simonson</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

27

Primary <i>Tuberculosis of Lungs</i>	How long <i>6 Months</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. J. Simonson</i>
	Address <i>Lawsonfield md</i>
Accident or Suicide <i>—</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

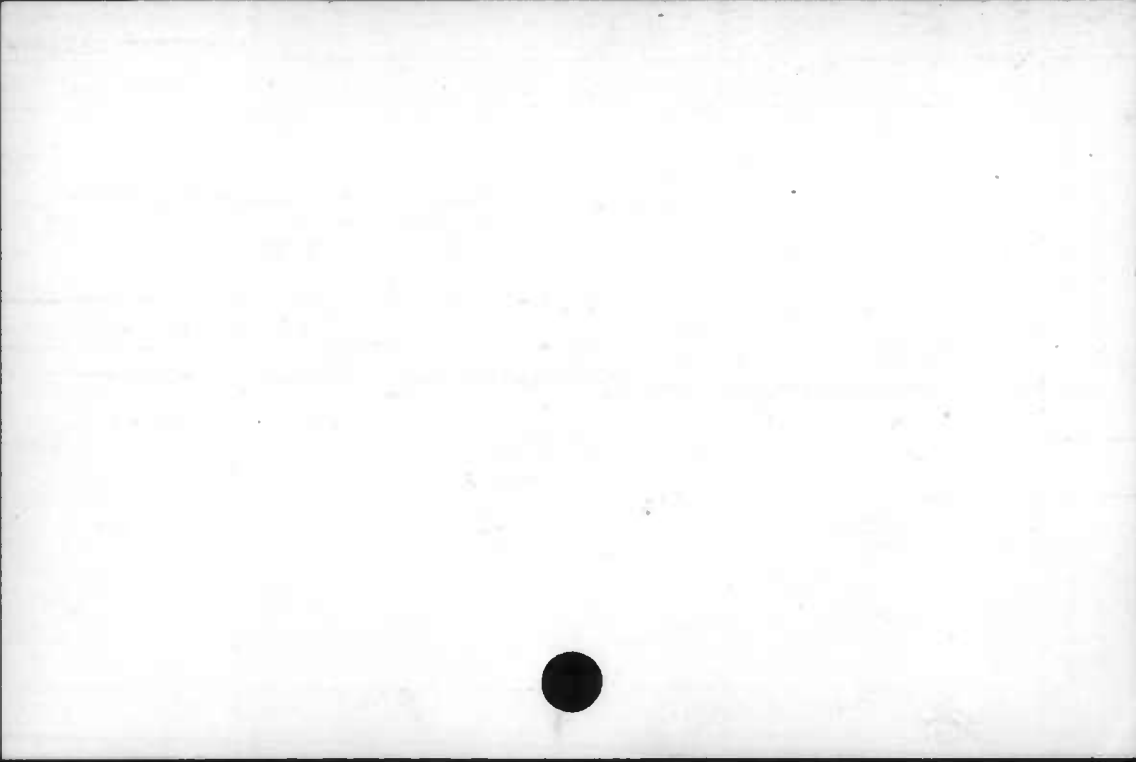
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Marietta</i>		County <i>Logan</i>		MARYLAND									
Date of death		190	9	Month	7	Day	10	Age	Years	Months	3	Days			
Sex		<i>male</i>		Color or Race		<i>Black</i>		Birth-place		<i>Marietta</i>					
Occupation				<i>_____</i>				Where Residing if not at place of death				<i>11</i>			
Married, Single or Widowed				<i>_____</i>				Name of Wife or Husband				<i>_____</i>			
Father's Name				<i>James Logan</i>				Father's Birthplace				<i>Accomack Va</i>			
Mother's Maiden Name				<i>Nanni & Wharton</i>				Mother's Birthplace				<i>" "</i>			
Name of person giving Information				<i>James Logan</i>				How related to deceased				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Throat</i>	How long	<i>two week</i>
Immediate	<i>Choking</i>	How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>_____</i>		<i>James Logan</i>	
Accident or Suicide		Address	
<i>_____</i>		<i>E A Lankford Sub Reg</i>	



Name
in
Full

Otho Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

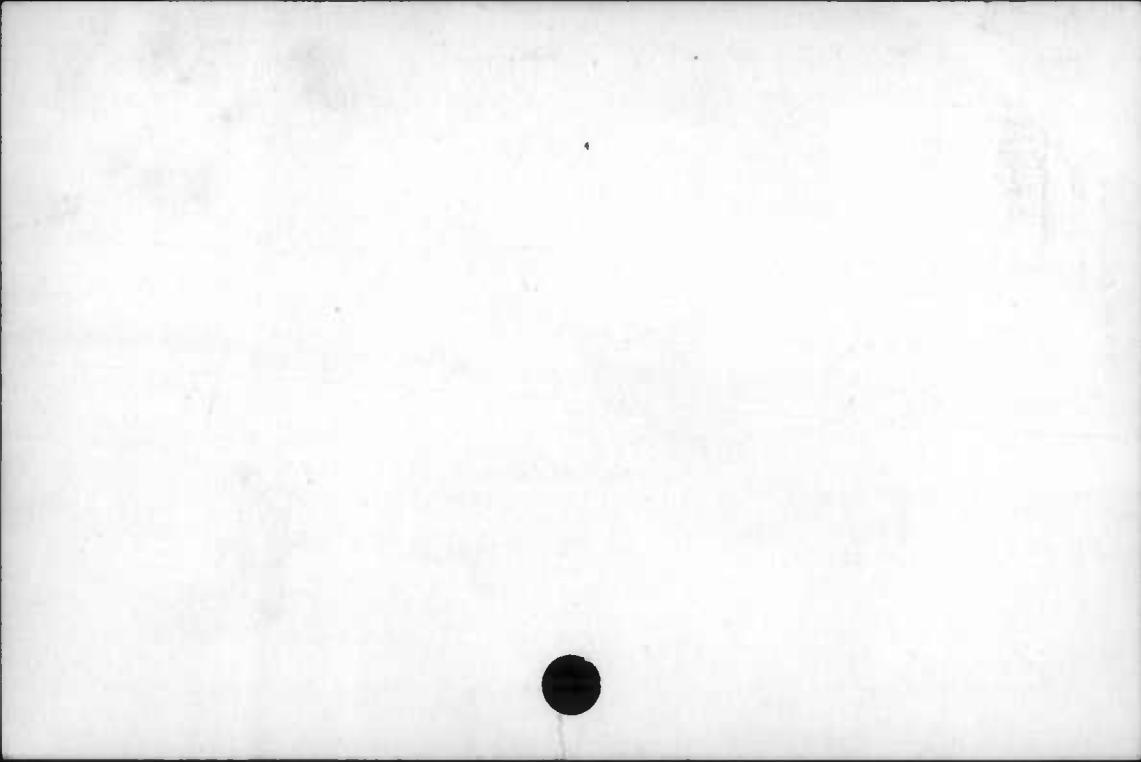
Died at <i>Near Pocomoke</i>		Town <i>Pocomoke</i>		County <i>Somerset</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>July</i>	Day <i>23</i>	Age <i>120</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co Md.</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Wid. <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Thomas Marshall</i>		Father's Birthplace <i>Worcester Co, Ma</i>					
Mother's Maiden Name <i>Anna Tilghman</i>		Mother's Birthplace <i>Somerset Co</i>					
Name of person giving Information <i>Charles Powell</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever com Brain disease</i>	How long	<i>3 weeks</i>
Immediate	<i>Parelysis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Isaac T Costen</i>	
		Address <i>Pocomoke City Md</i>	
Accident or Suicide?			



Name
in
Full

Eileen May Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Woolington		County Somerset		MARYLAND	
Date of death		Month 7	Day 1	Age 5		Years 11	Months 11
Sex Female		Color or Race White		Birth-place md			
Occupation ✓		Where Residing if not at place of death ✓					
Married, Single or Widowed Single		Name of Wife or Husband ✓					
Father's Name George W Payne		Father's Birthplace md					
Mother's Maiden Name Annie May Wilson		Mother's Birthplace md					
Name of person giving Information Joseph H. Scott		How related to deceased Nephew					

CAUSES OF DEATH

178

X

PHYSICIAN
OR CORONER

Primary
Died suddenly - in D- in attendance

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

T. J. Smith M.D.
Princess Anne md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charlott Parker* Town *Crisfield* County *Somerset* MARYLAND

Died at *Crisfield* Date of death *1907* Month *July* Day *11* Age *31* Years Months Days

Sex *female* Color or Race *Negro* Birth-place *Somerset Co*

Occupation *General House* Where Residing if not at place of death *Crisfield*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Hesrick Parker*

Father's Name *Peter Braghton* Father's Birthplace *don't know*

Mother's Maiden Name *Eliud Snoller* Mother's Birthplace *Somerset Co*

Name of person giving Information *Peter Braghton* How related to deceased *brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

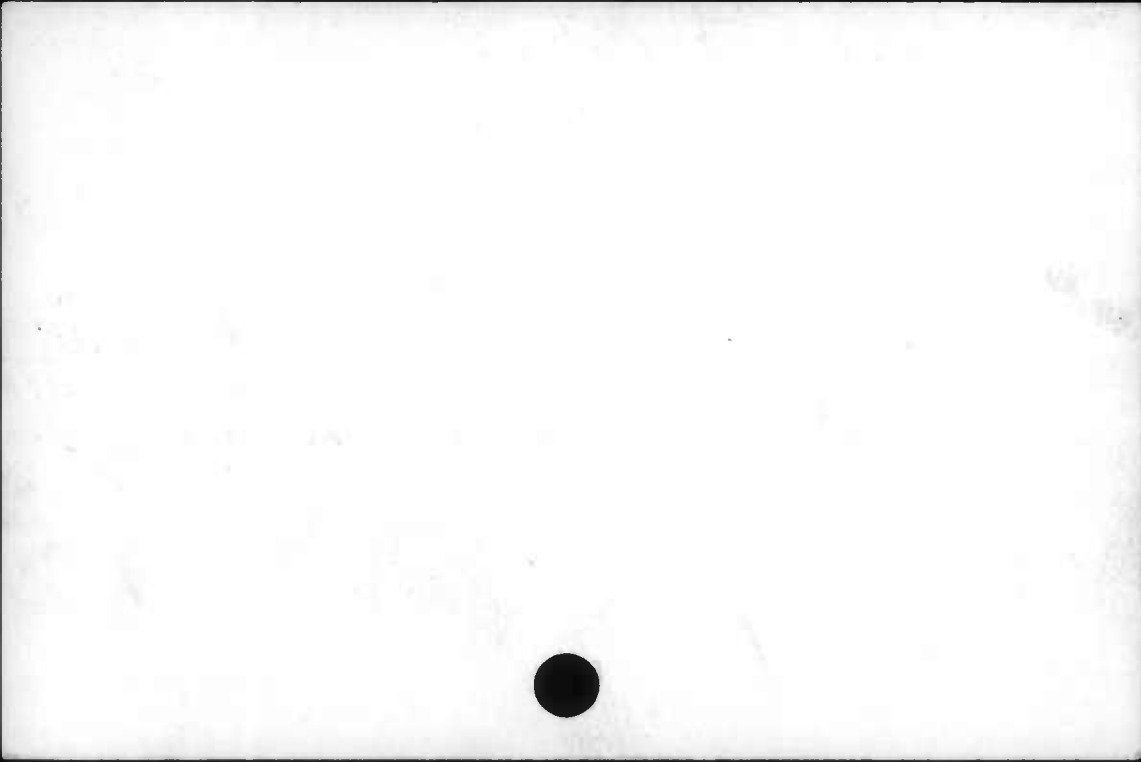
Primary *Tuberculosis* How long *3 months*

Immediate *Wm. Infection* How long *usual*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Wm. Infection* Address *Crisfield*

Accident or Suicide *no*



Name
in
Full

Irene Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fairmount Town Cornerset County MARYLAND

Date of death 1909 Month July Day 22 Age — Year — Month 4 Days 14

Sex Female Color or Race White Birthplace Fairmount

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Alonzo Parks Father's Birthplace Fairmount

Mother's Maiden Name Nita Kimberly Mother's Birthplace Fairmount

Name of person giving Information J. F. Galtier How related to deceased Uncle

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Enterocolitis How long 2 months

Immediate —

Are the name, age, sex, color, date and place correctly given above?

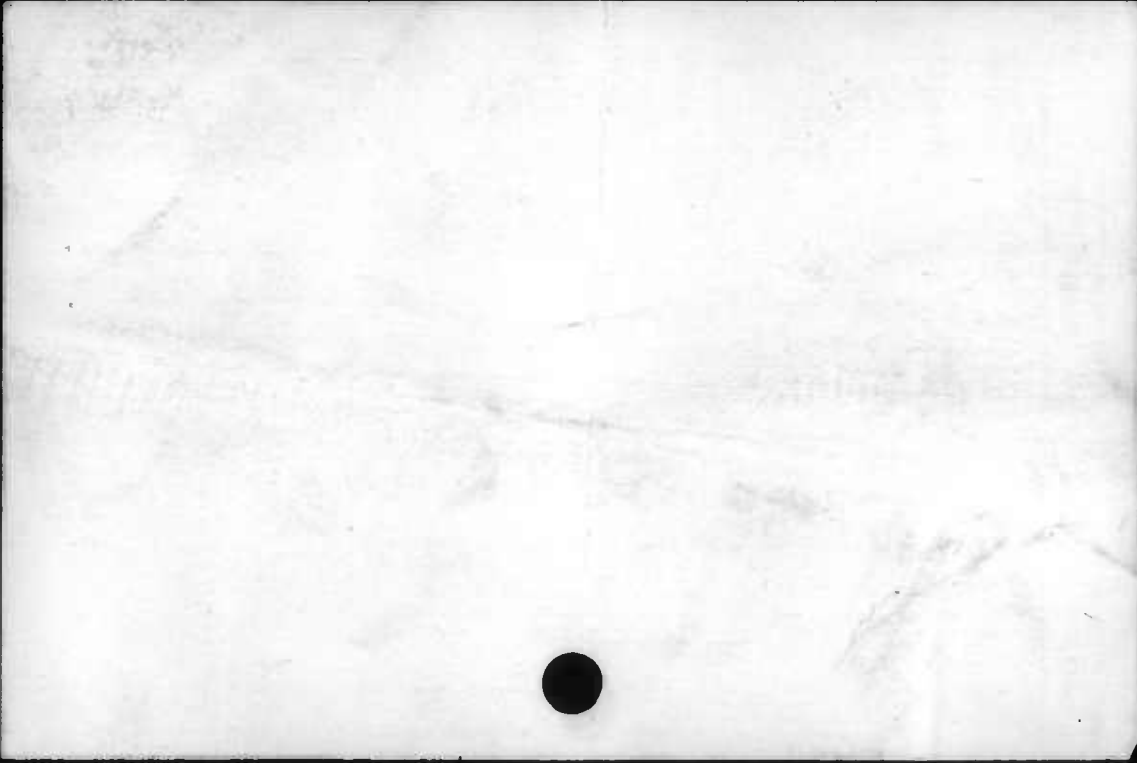
yes

Signature of Physician

Address

G. E. Dickinson
Upper Fairmount
Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Emley Reece* Town *Chance* County *Somerset* MARYLAND

Died at *Chance*

Date of death 190 *7* Month *July* Day *25* Age *65* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Nathan Reece*

Father's Name *Steven Jones* Father's Birthplace *Ind*

Mother's Maiden Name *Not Known* Mother's Birthplace *Ind*

Name of person giving Information *Francis Howard* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Aschemia* **64** How long *5 Years*

Immediate *Apoplexy* How long *2 Hours*

Are the name, age, sex, color, data and place correctly given above?

Yes

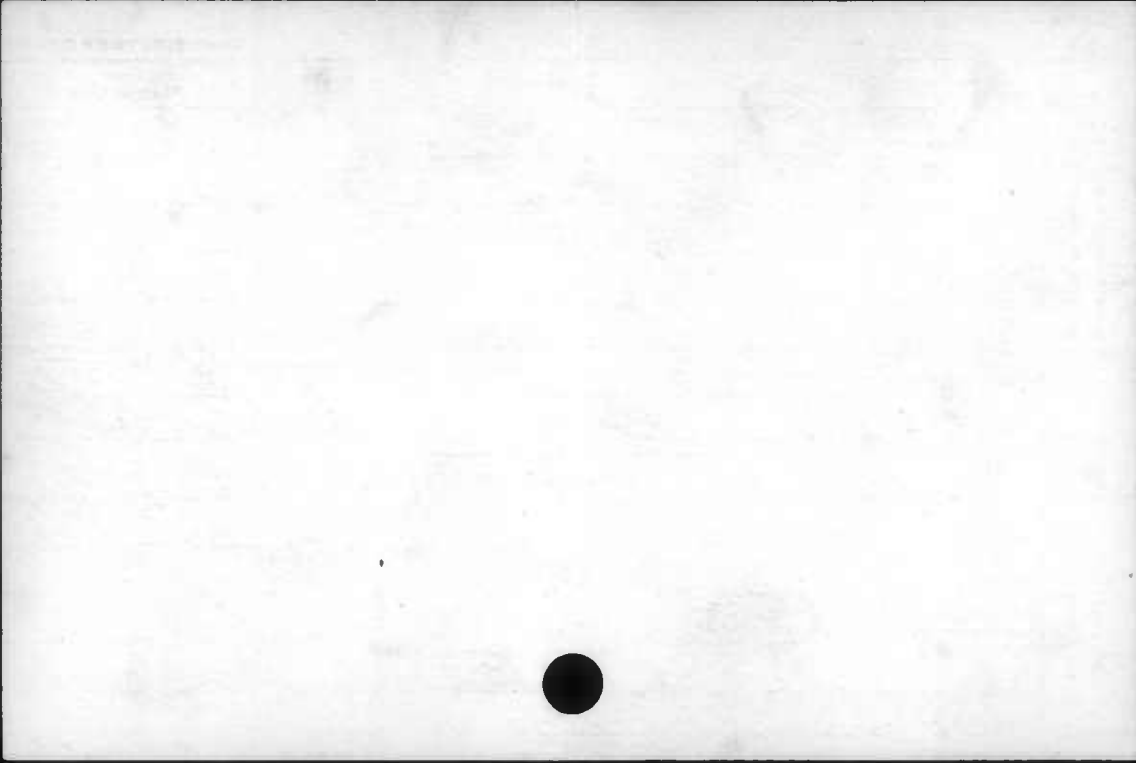
Signature of Physician

Geo B. Hornum

Address

*Sub Registrar**Deals Island Ind.*

Accident or Suicide



Name
in
Full

Elmer A. Revelle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fairmount</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death	1909	Month <u>July</u>	Day <u>30</u>	Age <u>—</u> Years	Month <u>—</u> Days <u>27</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Fairmount</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Geo M. Revell</u>			Father's Birthplace <u>Fairmount</u>		
Mother's Maiden Name <u>Hattie Full</u>			Mother's Birthplace <u>Somerset</u>		
Name of person giving Information <u>Barn Revell</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Gradually failed from Birth</u>		How long	<u>—</u>
Immediate	<u>—</u>		How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician	<u>G. E. Dickinson</u>
			Address	<u>Upper Fairmount</u>
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date
of death

1909

Month

July

Day

15

Age

Years

62

Months

6

Days

Sex

Male

Color or
Race

White

Birth-
place

Lawsonia Md

Occupation

Copterman

Where Residing if not
at place of death

L

Married, Single
or Widowed

married

Name of Wife or
Husband

Mary

Sterling

Father's
Name

Iraomas Sterling

Father's
Birthplace

Lawsonia

Mother's
Maiden Name

Grace Lawson

Mother's
Birthplace

Lawsonia Md

Name of parson giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

2 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. F. Hall

Ormsfield Md

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

Edward Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Mar Marion County Annisest **MARYLAND**

Date of death 1909 7 30 30 2 9

Sex Male Color or Race Black Birthplace Harold

Occupation _____ Where Residing if not at place of death 11

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name G. E. Stewart

Father's Birthplace Pocomoke City

Mother's Maiden Name Gonna Young

Mother's Birthplace Kingsston Ind

Name of person giving Information G. E. Stewart

How related to deceased Father

CAUSES OF DEATH

Primary Summer Complaint

How long 2 weeks

Immediate Cough Croup

How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

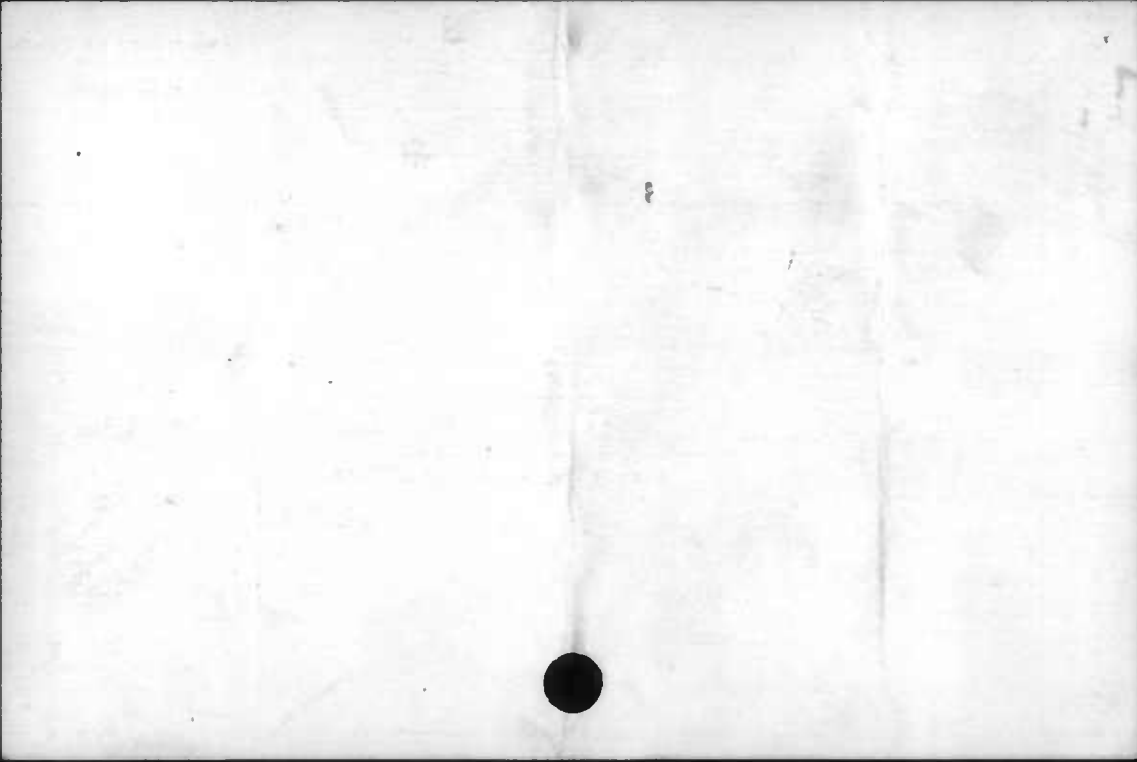
Signature of Physician _____

Address

G. E. Stewart

Accident or Suicide _____

E. A. Luskford
Marion, Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

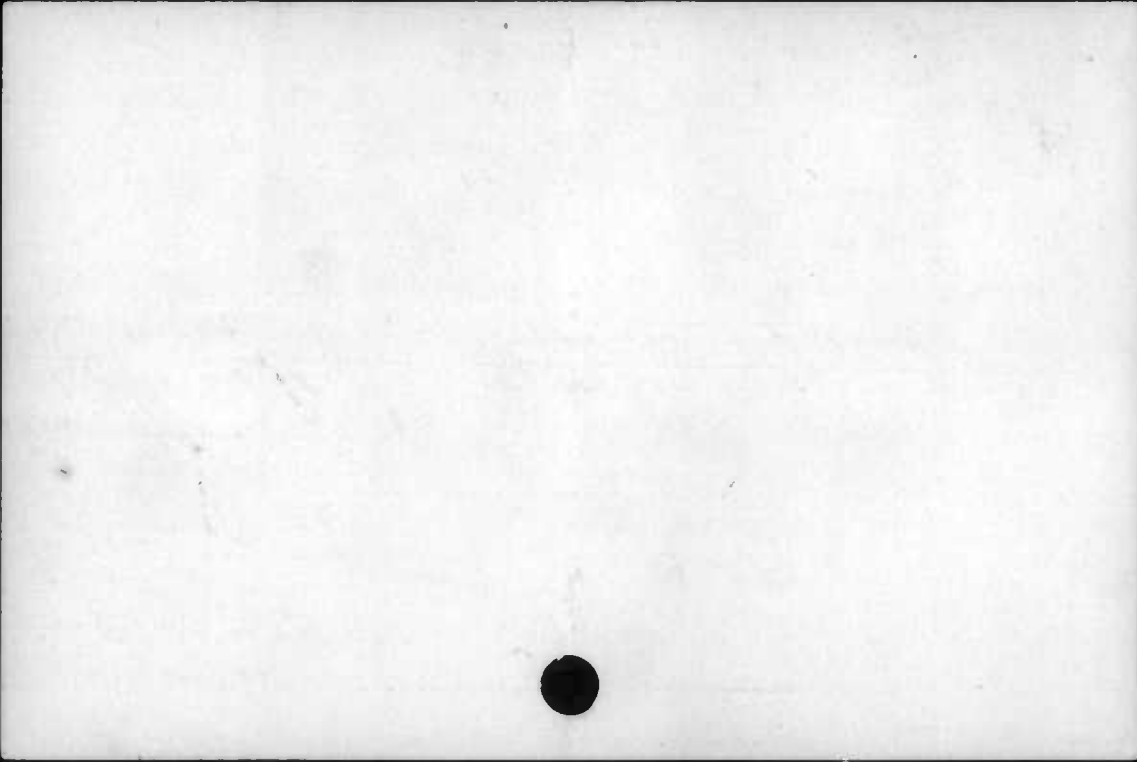
Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Samuel Waters

CERTIFICATE OF DEATH

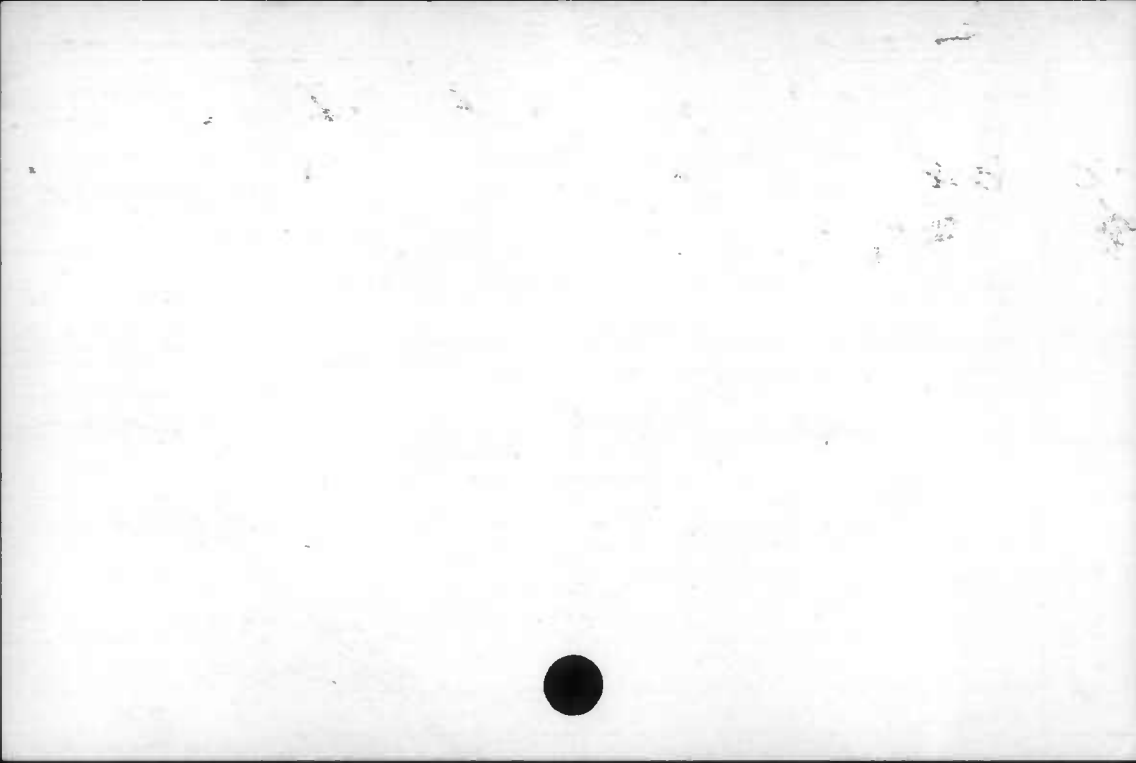
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town marion		County Somerset		MARYLAND						
Date of death		190	9	July	Day	19	Age	88	Months	0	Days	10
Sex		male		Color or Race		Black		Birthplace		Somerset		
Occupation				Former		Where Residing if not at place of death						
Married, Single or Widowed		married		Name of Wife or Husband		Hannah Burnett						
Father's Name		Samuel Waters					Father's Birthplace		Somerset			
Mother's Maiden Name		Rhoda Waters					Mother's Birthplace		Somerset			
Name of person giving Information		A. L. Gyon					How related to deceased		none			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age	How long	154 X
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. J. A. B. Allen	
		Address	
		marion, ind	
Accident or Suicide			



Name
in
Full

Rebecca White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Crusoe</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death	190 <u>9</u> ^{Month}	<u>July</u> ^{Day}	<u>13</u> ^{Years}	Age <u>83</u>	<u>✓</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Somerset, Pa.</u>
Occupation	<u>None</u>	Where Residing if not at place of death		<u>Same</u>	
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband		<u>Wm White</u>	
Father's Name	<u>James Mc Dorman</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Mikewawn</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving Information	<u>Ges Waible</u>			How related to deceased	<u>Nephew</u>

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<u>Fractured Femur</u>	How long	<u>8 mo</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>R. L. Shry</u>	
<u>accidental fall while</u>		Address	
<u>Walking (M.L.P.)</u>		<u>Crusoe</u>	

2

3.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Edison Williams
Town Bristol County Somerset
Died at
Date of death 1909 July 1 Age 1
Sex Male Color or Race Colored Birth-place Bristol
Occupation
Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

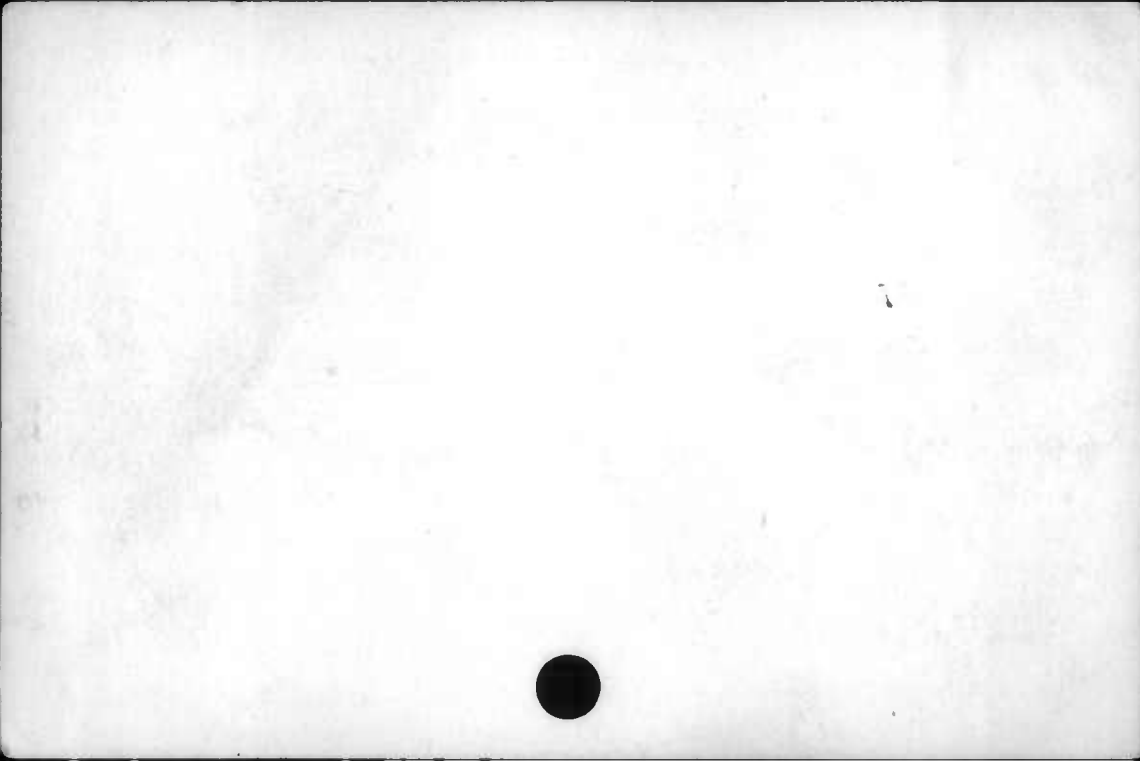
Immediate

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

Accident or Suicidal

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John W. Wilson* Town *Crisfield* County *Somerset* MARYLAND

Died at *Crisfield* Date of death 190*9* Month *July* Day *19* Age *—* Years *—* Months *2* Days *—*

Sex *Male* Color or Race *White* Birth-place *Crisfield*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *John Wilson*Father's Birthplace *Crisfield*Mother's Maiden Name *Minnie Scott*Mother's Birthplace *Acorn Co*Name of person giving Information *John Wilson*How related to deceased *Father*

CAUSES OF DEATH

Primary *Indigestion*How long *5-6 weeks*Immediate *Stomach-Colic*How long *4 days*Are the name, age, sex, color, date and place correctly given above? *yes*

Signatures of Physician

Address

C. E. Collins
Crisfield
Md.

Accident or Suicide

PHYSICIAN
OR CORONER

